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CONFIRMATION NO. 4993

<b>SERIAL NUMBER</b> 10/047,545	<b>FILING OR 371(c) DATE</b> 01/16/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 101.0053-01000
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**APPLICANTS**  
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*OK M.B.*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 08/480,908 06/07/1995

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 02/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>M.B.</i> Initials <i>M.B.</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 67	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
 22882

**TITLE**  
 Threaded frusto-conical interbody spinal fusion implants

<b>FILING FEE RECEIVED</b> 1686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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